

Practitioner's Docket No. P-1223**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of: **KLAUS DZIWOK, ET AL.**Application No.: **10/ 500,059** ✓ Group No.: **1712** ✓Filed: **January 3, 2005**Examiner: **David Buttner** ✓For: **COPOLYMERS CONTAINING** ✓Confirmation No. **9164** ✓**AMINOPLAST UNITS
AND THEIR USE AS
DISPERSANTS OR
STABILIZERS****RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP****Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20). See M.P.E.P. § 714.13, 7th ed.

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. § 1.116) for this application.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is **mandatory**;
Express Mail certification is optional.)

✓ I hereby certify that, on the date shown below, this correspondence is being: **with the EFS using EFS-Web.**

MAILING

☐ deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

37 C.F.R. § 1.8(a)**37 C.F.R. § 1.10 ***

☐ with sufficient postage as first class mail.

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (571) 273-8300

Signature

Date September 28, 2007Holly Hart

(Type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a notice of time adjustment calculation. Although the date of filing and certificate of mailing or transmission under § 1.9 are required to be filed, § 1.9(b) is not a condition of mailing. Therefore, § 1.9(b) is not a condition of mailing. Express Mail Post Office to Addressee (§ 1.10) is not a condition of mailing. § 1.10(b) is the date to be entered on the mailing label number for patent applications submitted by mail.

NOTE: Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action. If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591). See M.P.E.P. § 714.13, 6th ed., rev. 3.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
- ☐ is attached.
- ☐ was already filed.
- ☒ other than a small entity.

EXTENSION OF TERM

NOTE: As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:

"If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."

3. (complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00

Fee: \$ _____

If additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

(Amendment or Response After Final Rejection—Transmittal [9-20]—page 2 of 4)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE ADDIT FEE		OR RATE ADDIT. FEE	
TOTAL *		MINUS **		=		× \$25 = \$		× \$50 = \$	
INDEP *		MINUS ***		=		= \$100 = \$		= \$200 = \$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$180 = \$		+ \$360 = \$	
						TOTAL \$		OR TOTAL \$	
						ADDIT. FEE \$			

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

(c) ☒ No additional fee is required.

OR

(d) ☐ Total additional fee required is \$ _____.

FEE PAYMENT

5. ☐ Attached is a ☐ check ☐ money order in the amount of \$ _____.

☐ Authorization is hereby made to charge the amount of \$ _____.

☐ to Deposit Account No. _____.

☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should **not** be included on this form as it may become public.

☐ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

☐ A duplicate of this paper is attached.

FEE DEFICIENCY

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-3420.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 03-3420.

Reg. No.: **31,945**

Tel. No.: (**502**) **589-4215**

Customer No.: **01695**


SIGNATURE OF PRACTITIONER

Scott R. Cox
(type or print name of practitioner)

500 W. Jefferson St., Ste. 2100
P.O. Address

Louisville, Kentucky 40202

(Amendment or Response After Final Rejection—Transmittal [9-20]—page 4 of 4)